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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME V.

SEPTEMBER, 1915

NUMBER IX.

A VISIT TO THE FORSYTH DENTAL INFIRMARY FOR CHILDREN

WHEN attending the dedication exercises November 24, 1914, I had thought to visit the institution when it was in active operation. It was not my expectation, however, to make this visit immediately; as I recognized the impossibility of whipping things into shape in a few months.

A fortunate chance bringing me within speaking distance of Boston, I called on Mr. Thomas Forsyth at his hotel and after a very pleasant interview, visited the infirmary and spent a whole day examining the plant and seeing things in actual operation.

Passing the bronze doors at the main entrance, one's attention is directed to the tablets on the walls of the lobby:—

Standing here in front of these bronze tablets with their simple story, and fresh from my interview with Mr. Thomas Forsyth of the evening previous, knowing something of the lives of these brothers and the work of the

trustees, there is but one other place I have visited that so impressed me. Ezra Cornell gave his fortune and best efforts, "To found an institution where any man might obtain an education." Both of these gifts were absolutely unselfish, each with a heavy endowment to maintain them forever. Both were the gifts of self-made men who struggled up from poverty and in spite of educational handicaps, made good and left a magnificent memorial to perpetuate their names. They did not found an institution and qualify their gift with a provision that others were to buy the coal and pay the janitor; these things they did themselves and esteemed it a privilege. The public is quick to recognize and reward the unselfish gift and equally so in the bequest that in order to make it operative, requires the passing of a hat and constant struggle to maintain. "Dedicated to the children," and another phrase comes to me,

THE FORSYTH DENTAL INFIRMARY FOR CHILDREN

Erected by

JOHN HAMILTON FORSYTH

And

THOMAS ALEXANDER FORSYTH

In Memory of Their Brothers

JAMES BENNETT FORSYTH

and

GEORGE HENRY FORSYTH

Dedicated to the Children

THE FORSYTH DENTAL INFIRMARY FOR CHILDREN

TRUSTEES

THOMAS ALEXANDER FORSYTH

EDWARD HAMLIN

CHESTER BRADLEY HUMPHREY

EDWARD WALTER BRANNIGAN

HAROLD WILLIAMS

JOHN FRANCIS DOWSLEY

TIMOTHY LEARY

GURDON ROBERT MACKAY

ERVIN ARTHUR JOHNSON

NELSON CURTIS

Edward T. P. Graham - - Architect

W. A. & H. A. Root - - Builders

equally strong and significant, "For the Child, not Charity but Justice." One doesn't have to be a believer in any particular religion, to recognize the beauties of the Saviour's teachings, "Come unto me, all ye that labor and are heavy laden," and again. "Suffer little children to come unto me." This is the spirit of these tablets of the Forsyth Infirmary, and these bachelor brothers with not a chick or a child did this for generations of children unborn.

I have tried to obtain for my readers, the reason for this uplift and rare appreciation of dental needs from a man outside the dental profession. Why did he do this? Where did he get his inspiration?

There were four brothers and one sister, Mary, who on the early death of the mother of the family, helped to bring up and so far as she was able, took the place of a mother to her brothers; the Infirmary is a memorial to her as well. James Bennett Forsyth, presi-

dent of the Boston Belting Company was of a philanthropic nature and during his life time helped the factory employees and the children in the immediate neighborhood. He left in his last will the sum of half a million dollars to found an institution for the dental care of all poor children under sixteen, of Boston and its immediate vicinity.

It is said that on one occasion while traveling, the window of his hotel room opened on that of a tenement and during the night he listened to a child crying and in the morning instituted inquiries as to its cause and learned that it was due to aching teeth. During the latter part of his life, when confined to his room at his hotel, he had his dental adviser, Dr. Ervin Arthur Johnson, connected with the Tufts College Dental Department, call frequently to treat his teeth, which gave him more or less trouble, as he had neglected their care in early life. On one of these

FORSYTH DENTAL INFIRMARY FOR CHILDREN - BOSTON
CLINICAL CHART

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

1914

From

Name

Address

Reference

Case No.

Operative

Orthodontia

X-Ray

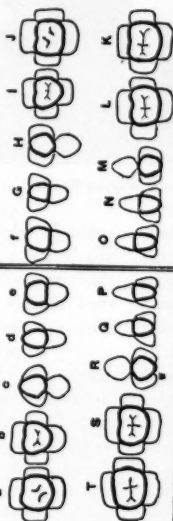
Surgical

Extraction

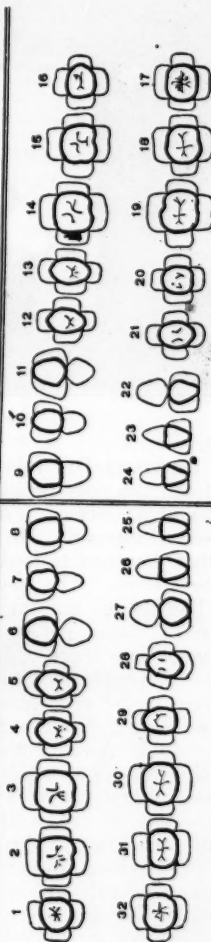
Age

LEFT

RIGHT



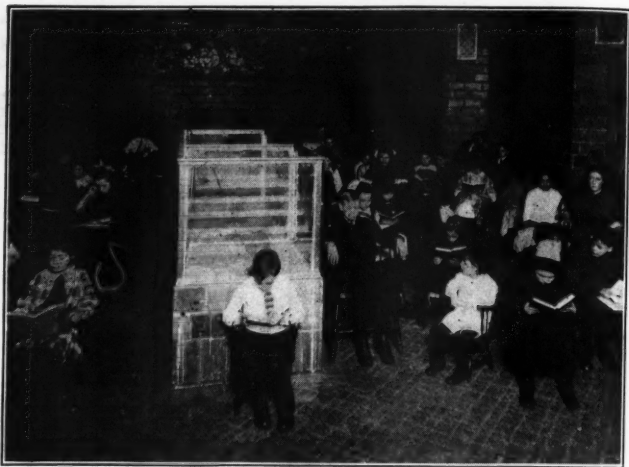
INDICATE CANAL FILL-
ING BY DRAWING ROOT
OUTLINE ABOVE OR BE-
LOW DIAGRAM.
EXTRACTION WITH AN X



The Location, including surfaces and shape of each filling must be indicated in the diagram.
Examination for: Proph. Fill. Ext. Ortho. Surg. X-Ray

Examiner

AI-50M-7-14



Children's Waiting Room

visits he asked Dr. Johnson, "what can the poor people do for dental attention; I mean the poor children?" He was told that they had to look out for themselves. The government had money for the protection of clams, peach trees and hogs but there was no group of people who made children or the prevention of disease among children their business. Looking after little children was nobody's business. They came to the dental clinic at Tufts in the middle of winter in the thinnest of summer dresses and perhaps one pair of shoes to the whole family. Even here they were not welcome in too great numbers, as apart from orthodontia, the problems which children's mouths present were relatively simple from the standpoint of technical dentistry, and the dental

schools desire to give their students a special training in the more complex problems met within adult mouths. Mr. Forsyth was much interested and on other visits referred back to the subject. Dr. Johnson was associated with the late Dr. Edward Brannigan, then dean of Tufts' Dental Department, and the dental care of these poor children had appealed to Dr. Brannigan very forcefully. He had gone so far as to attempt to interest Mr. Andrew Carnegie, asking for \$60,000 to found an institution for their care, and had not been successful. Dr. Johnson presented these facts to Mr. Forsyth and thought little of the matter and was much surprised when informed that Mr. Forsyth had made a bequest for this purpose, Dr. Brannigan, whose original

idea it was, died sometime previously but, in recognition of his early efforts his name appears as one of the trustees, the only one not living to be so honored.

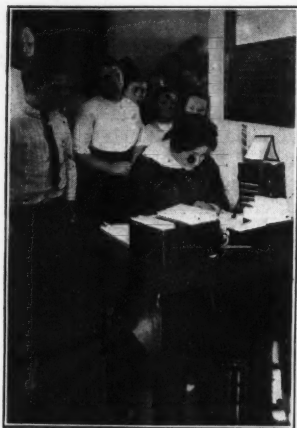
It was said that Mr. Forsyth's will was incomplete and therefore not effective; you can't prove this by me, but I believe it is correct. When James Bennett Forsyth died, he left two brothers, John Hamilton and Thomas Alexander Forsyth. Instead of holding a glorification meeting and saying, "Our poor brother was mentally unbalanced and didn't know his own mind when making this strange bequest," they calmly proceeded to carry out the wishes of their dead brother to the very letter. They did more than this; the brother had left \$500,000 which was considered insufficient, and

they decided to add a million and a half more money and make it a memorial to not only this brother but one other whom they had lost, namely George Henry Forsyth. I wonder, do they grow more men of this sterling character in Boston? Men who deem the wishes of the beloved brother as a command; who honor themselves in honoring their dead?

The late Captain Henry Lomb, who financed the early work of the dental dispensary movement in Rochester, N. Y., was of a similar type. He was a successful business man who had seen the Bausch & Lomb Company grow under his wise financial management, to a huge concern with branches all over the land. With all his greatness he was not only good, but sincerely humble, his wealth had



Registration Desk



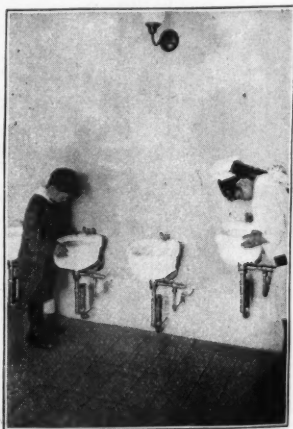
Appointment Desk

not spoiled him and he was to the day of his death, a simple, shrewd, old, German gentleman; his chief anxiety a fear that others should learn of his benefactions, and we were under pledge of secrecy as to his support.

The greatest thing in having been associated with men of this calibre is that your faith in human nature has been so enlarged that you are, as in Stockton's tale of "The Hundredth Man," always looking for others like them. It compensates, to a large degree, for having been associated with scalawags and nubbings of earthcraft. Somewhere and sometime before you pass the Great Divide, you expect to meet another as good, as wise and unselfish; the remembrance is like a blessing.

Before the actual building was commenced, John Hamilton Forsyth died and the

work has been carried to completion under the guidance of Thomas Alexander Forsyth assisted by the Board of Trustees. Also a wise selection was made in securing the services of Dr. Harold DeW. Cross as director of the institution. For a number of years he was a professor in the dental department of Harvard and with as much experience as anyone in his new work. The task of arranging the building, providing equipment and arranging a system were all new and with no precedent to copy. All these problems had to be met, and in some degree, are still present; and the time of the director is now consumed in petty detail which will all be worked out after the first year and he will then be able to give his attention to matters of more importance. The problem of taking care of three hundred or more chil-



Mouth Rinsing Bowls

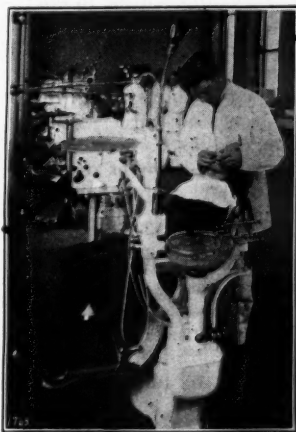


Supply Room

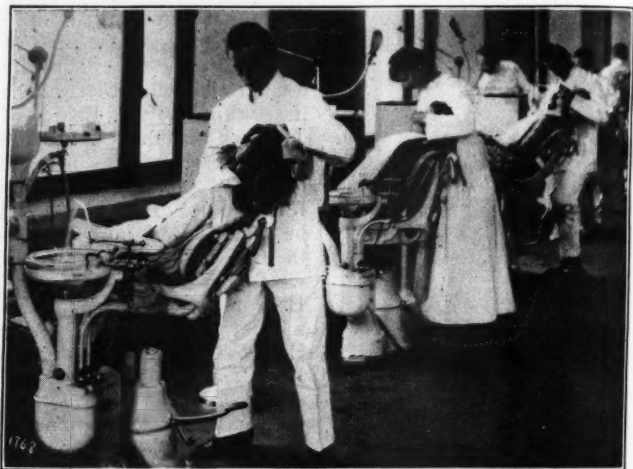
dren each day, looking after the child, the operator, supplies and instruments requires that a large number of people work in unison and regularity to obtain results. It is like establishing a large factory or department store, where the failure of one individual means the upsetting of the whole plan.

Fortunately there is no financial problem to face and in addition to the building, sufficient funds are provided for its maintenance. The interest on the endowment amounts to about \$80,000 per year. Besides the running expenses this must meet the cost of original research work and a small amount to be returned each year to the principal. Sometime in the future it may be necessary to enlarge the building and have it a hollow square instead of the present U shape. The plot

of ground is more than sufficient for this possible need of the future. Undoubtedly other funds will be left to the institution by the Board of Trustees or others. For the sum of \$25,000 it is possible to endow a memorial chair for all time. This sum would be sufficient to take care of the needs of hundreds of worthy children of the future. How much more sensible than a memorial window in the church, and this war in Europe has already demonstrated that memorial windows are somewhat temporary in nature. Even a member of the dental profession can afford to hand his name down as a benefactor to his race and instead of erecting a monument of marble to any more men in the dental profession, why not endow a memorial dental chair in this institution? Think this over.



Operative Clinic



Operating Clinic

At the time of my visit, late in the month of May, the Infirmary had been open for four months and was running about two-thirds of its capacity. As the organization becomes perfected the full number of chairs will be in operation. The average number of children treated has been approximately three hundred per day; eight thousand different children and three thousand dismissed as completed, with an average number of operations per child, including cleaning, extracting and fillings of 6.4.

The infirmary doesn't send dentists to make examinations in the schools or select children for treatment; its sole function is a clinic to which children are admitted without reference to race, creed or color. One-half of the children now under treatment

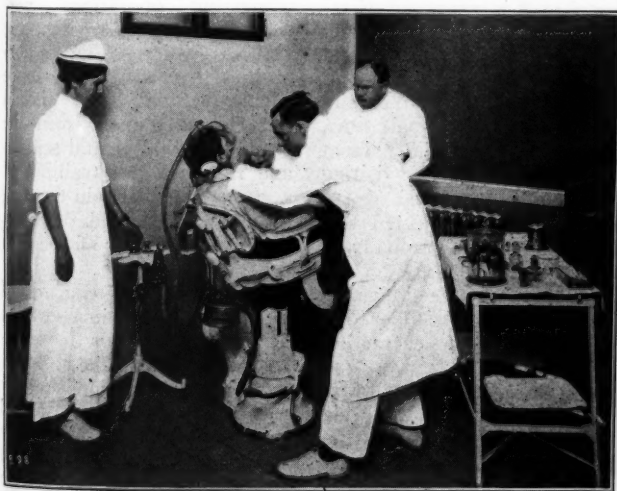
come under the care of the school nurse from the various districts of the public or parochial schools. Reservations are made for a definite number of children each day and the children are selected by the school nurses as being in need and deserving the benefits of the clinic. Criticism has been made of a central plant to care for children in widely separated schools but this, happily has proven to be an error. The first morning the Infirmary was open there were 200 children waiting admittance and the number has increased fully as rapidly as it has been possible to develop the facilities during the formative period. Temporarily, until the full number of operators are employed, the applications have been somewhat in excess of

the number who could be accommodated.

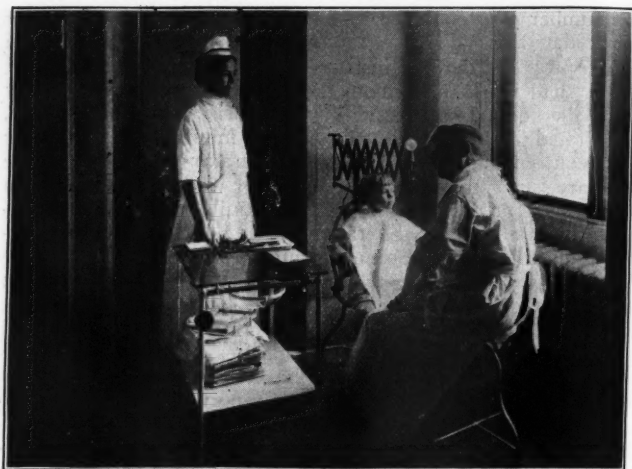
It is proposed that the institution shall work in harmony with the dental profession, and stated in a general way the requirements for admission are such that no child able to pay for the services of a dentist is admitted. So far no limitations have been placed on the locality from which a child shall be received and it is not proposed to do so unless the demands are such as to make this necessary.

A child to receive the benefits of the Infirmary must be under sixteen years of age and present an application card, properly filled out, bearing a recommendation as to their worthiness from some responsible person or society. The admitting clerk ques-

tions as to having a family physician or dentist, the weekly income and number of persons in the family. If any doubt arises after admittance, in the mind of the examiner or operator in charge of the case, or word is received from the family physician or dentist, an investigation is instituted by a social worker employed for this purpose. After looking up the case at the Bureau of Associated Charities, she visits the family, if necessary, and makes her report. If conditions are found that warrant such action, the treatments are discontinued. Cases coming through school nurse or charitable organization rarely require further attention, as the actual home conditions are known before sending the child for treatment.



Extracting Clinic



Nose and Throat Examination

The infirmary staff is composed of dental and medical men who work together to deliver a clean mouth and associate parts to every child. The dental staff is composed of interns selected by competitive examination, consulting and visiting staff. Fifteen interns are employed on full time and about thirty on one-half time, this makes up the present permanent staff. The visiting staff is now composed of 150 men and it is expected that this number will gradually be increased. The different departments of the infirmary are as follows: Operative, nose and throat, extracting, orthodontic, oral surgery, research, anaesthetising, radiographic; each with its special staff and consultants in the departments of surgery, otology, roentgenology, physiology and orthodontia.

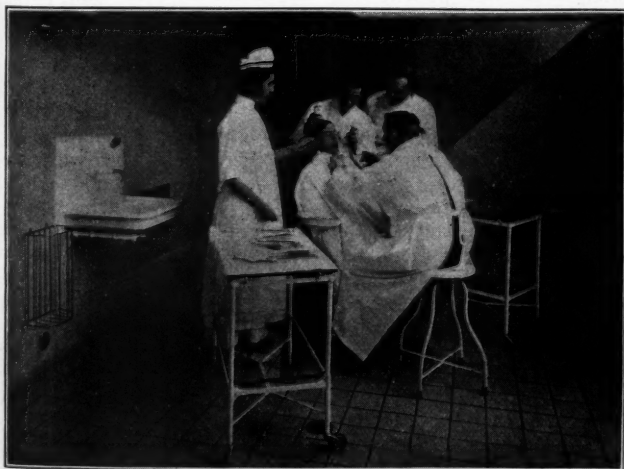
It is not the province of the infirmary to do undergraduate teaching except as it is done in all hospitals, by giving students the privilege of witnessing operations performed and following the various clinics. The opportunities for wide experience which this will offer should attract picked men from the graduates of all dental schools and result in this training of a group of experts in treating all phases of child dentistry and much better fitted for practice.

An important educational work will be put in operation at an early date for the teaching of hygiene to the children. This will be accomplished by means of a stereopticon and moving picture machine by competent operators and eventually it is planned to keep in continuous operation

during the hours the children are in the infirmary. General mouth hygiene, the proper way of brushing and the eruption of the teeth will be shown on the screen. Thus the work of the institution will be in order of importance, divided into three branches, educational, prophylactic and reparative.

The progress of the child, on entering the building, through the bronze door of the children's entrance is arranged in orderly manner. The first visit is to the coat room, where the wearing apparel and umbrella, if the day be rainy, is placed in charge of the attendant and a check issued with a chain, which may be placed about the neck for safe keeping; which also serves to indicate the order of arrival. The next visit is to the children's waiting room, a

description of which appeared in the February number. The aquarium, containing numerous varieties of fish as well as turtles and frogs, is the main point of interest. Story books and games are tame things compared to this panorama of moving life and it has been necessary to place a wire screen over the top of the aquarium as the kiddies persisted in "goin' fishin'" with their chain and brilliant nickle plated check as a spinner. When the moving pictures and lectures are in operation the tank will lose its fascination but they evidently get enough books at school. As many as fifteen or twenty children are accompanied by the school nurse, and the whole bunch taken care of in an hour, and back to school with a minimum loss of time.



Nose and Throat Clinic



Floor Boy

The registration desk is in one corner of this room and here the child passes in his application blank and answers the prescribed questions, all of which are recorded. A registration blank is next presented to the new patient and taken to the appointment clerk on the floor of the infirmary, which is reached by a special stairway. Here the registration blank is exchanged for a clinical chart and five cents is deposited. This fee of five cents is the amount charged for a visit and treatment in any of the departments. This fee is intended to allow the child to retain his self respect and not to pauperize or compel him to receive absolute charity. As Mr. Thomas Alexander Forsyth has well expressed it, "They feel that they are going to the lowest market, any child has a right to do that." From the appointment clerk's

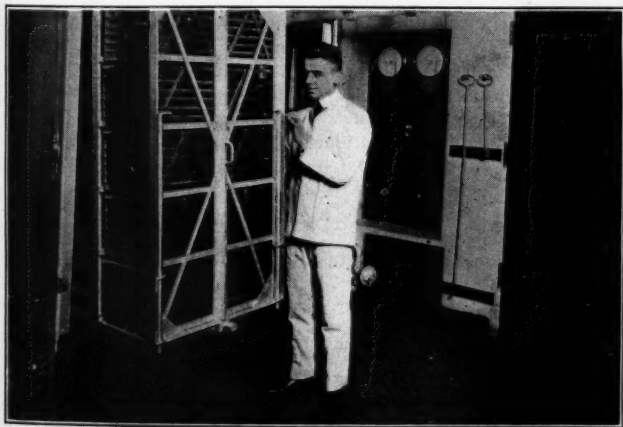
desk he goes to a vacant chair in the big operating clinic, extracting room, nose and throat department or the X-ray room as may be necessary. On completion of his work the child returns to the appointment desk and passing on the opposite side, exchanges the clinical chart for a new appointment slip and down the stairs to the children's room and receives his garments on presentation of the check issued, providing it is not in the fish tank or lost on the way, in which event a small fine is collected. If, however, any surgical work has been done, he returns to the coat room by a different way and not in contact with the waiting children. The child's number is called from the appointment desk just previous to the time wanted and outside of the visit to the clinic, his time is all spent in the children's room which is

located well away from any actual operation.

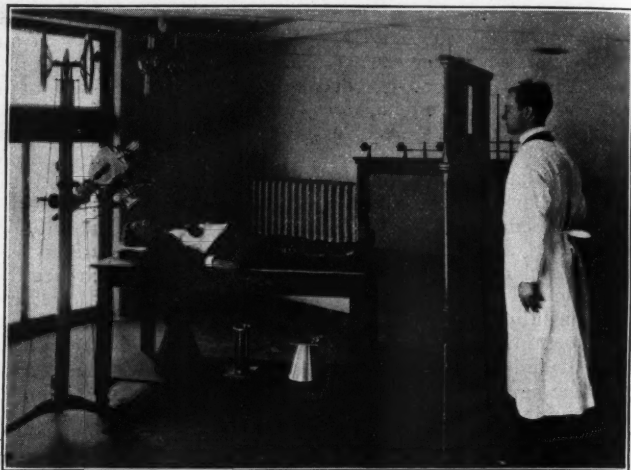
All children received are given a case number, regardless of the department to which they are sent to receive treatment. The cards are so arranged that the registration, clinical charts, record of the operation and whether dismissed or active cases, are kept available for instant consultation. This case number is retained by the child so long as he continues to be a patient of the institution, and until the age limit is reached, he is notified to return for treatment at definite periods. Ultimately it will be necessary to have ten years of active cards on file at one time.

A sterile tray and instruments are supplied the operator for each patient. This makes it necessary to provide sterilizing apparatus on a large scale. This is accomplished by placing the tray

and instruments, all save right angles and hand pieces in an oven where it is baked for three hours in dry heat at a temperature of 325 degrees F. The hand pieces and right angles are boiled after each operation in a solution of green soap. The large sterilizing ovens have a capacity of one thousand trays of instruments, 400 of which are in use at the present time. Each tray contains a uniform set of instruments, seventy in number, and includes all necessary for an ordinary plastic operation. The operator signs his name on receipt of each tray issued to him and also for special apparatus or material, which may be synthetic cement, cocaine, devitalizing fibre, rubber dam, matrix retainer or rubber dam holder. Amalgam is issued in capsules sufficient for an ordinary filling, accompanied by a capsule containing the prop-



Sterilizing Room



X-Ray Room

er amount of mercury. Tooth powder and brushes are sold at five cents each. A tray containing supplies, medicines, napkins, root canal points, temporary stopping, cement, etc., enough for one service four hours, which may cover the treatment of eight patients, is also issued to the operator.

The combining of the various departments, all under one management, together with the vast amount of clinical material, will offer most unusual facilities for post-graduate work. This will be enhanced by having eminent men of the profession give a series of clinics and lectures, distributed throughout the year on topics of interest. The intern's time will be so arranged that advantage can be taken of this as well as assisting or observing these special

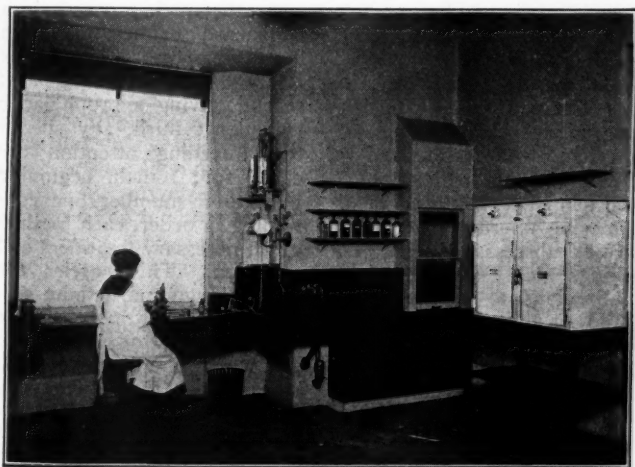
or the various regular clinics.

Necrosis, fractures, alveolar abscess, root amputation and other surgery relating to the teeth will be taken care of in the department of oral surgery. Only routine work has been done in the department of research but more pretentious research work will be taken up in the near future in this department. A laboratory technician is in the employ of the infirmary and an opportunity will be offered those of the profession to make use of the laboratory with all necessary material and apparatus at their disposal. The nose and throat clinic is in charge of Dr. Wm. E. Chenery, a very skillful operator who is enthusiastic as to the possibilities of this branch. Besides the chief operator there are a number of assistants, five of whom are members of the

dental profession, an etherizer, two nurses and two assistant nurses. Wednesday is devoted to examinations and Monday and Friday to operations. Ten cases a day are the average number taken care of on these operating days. This department works in harmony with the orthodontist and it is not carried on as an ordinary nose and throat clinic, where all cases are operated on, but entirely from the standpoint of the influence of the tonsils and adenoids on maxillary and facial development. All the children undergoing treatment, however, before final dismissal from the operative clinic, for any period, are given a routine examination not only in this department but also in the orthodontia clinic. The equipment of the nose and throat clinic is very

complete and includes an electric surgical engine, operating chair, fountain spittoon, as well as a number of beds for the little patients, none of which are kept over night, although this may be practiced sometime in the future.

The extracting department has a staff of twelve men, each serving one-half day every two weeks, presided over by a chief on duty every day. Nitrous oxide and novocaine are used extensively and as could be expected in the beginning the work has been cleaning up neglected mouth conditions. An advantage of this clinic over others is that it is able to utilize an anaesthetic when thought desirable without thinking whether or not the child has the wherewith to pay for painless operations.



Research Laboratory

The orthodontia department has a staff operator present four hours a day during five days a week, assisted by twenty-five interns. This number will be increased as rapidly as possible and by keeping in touch with all the patients will be able to carry on a large amount of preventive work and thus obviate many otherwise complicated operations had they been allowed to develop. The models of each child's mouth admitted to this department are kept in a box which has a capacity of four casts. Study models are made at frequent intervals and of the completed case. These final models, before and after treatment, are kept in this box with case number, as a permanent record. Over sixty cases are under treatment at present. The number it will be possible to take care of during the year is not known but much is expected of this work.

The X-ray is employed about as would be the case in a well conducted private dental practice, and where advantage is to be obtained by employing this modern aid to the dentist. It is used in diagnosing unerupted teeth, alveolar abscess, difficult root fillings, etc.

Previous to admitting the child to the operative clinic, there is no preliminary examination and charting of decayed teeth. The child needs attention or he would not be present, as this is not a social call. They want relief and some of them want it

quickly and they get it either in the operative or extracting clinics and anaesthetic also, if it is indicated. Monday is called emergency day and children are received for the relief of toothaches that have accumulated over Sunday without question or recommendation from anyone.

A most thorough examination is made at the dismissal of the completed case and this accomplishes all that could be desired and does not take up any unnecessary time. Our machinery for discovering decay is all out of proportion to our facilities for remedying same. The main benefits to be derived from a preliminary examination is that the parents may be induced to take their offspring to the family dentist. This would not happen in these cases sent to the Infirmary and very sensibly it is omitted. This does not mean the work proceeds in a haphazard manner, far from it. The operators begin as follows: First, relieving pain; second, giving a prophylactic treatment; third, any special teeth needing attention are cared for; fourth, beginning with tooth number one continuing in order, each tooth is given necessary treatment and attention. This carries the work along by a definite system and makes it practicable for one operator to take up the work where another left off, without there being any uncertainty as to what has previously been done for the patient. It is not, however, the practice to transfer a case

from one operator to another unless absolutely necessary and appointments are made with the child on the day when the operator is present to attend to the case. This is for the best interest of all concerned and the child also approves and soon learns to say, "my dentist" or "I love my dentist" and some of them even try to get in an extra visit.

The clinic is open continuously from nine o'clock in the morning till five in the afternoon, the half time giving four hours and the full time operator seven hours' service each day.

In order to fulfill the requirements of modern sanitary ideas and that the clinic shall present an orderly appearance, the operators are clothed in white, the permanent staff wearing complete suits and the visiting staff a white gown. The patient is covered with a large cloth bib or apron which protects both child and operator. There are three women employed on the permanent staff and this type of service should be particularly attractive to them and it is expected that there will be more or less of these women dentists later.

The carrying of supplies and instruments to and from the chair, conducting the child, and the making of records is all done by an employee and the operator's time is conserved to the patient and he is not distracted from

the work in hand by having to look after petty details. All that is necessary for him to do is to mark the clinical charts in outline and indicate in the printed column the operations which he has performed.

Methods of operating are systematized and the shaping of cavities, kind of filling, carrying on of treatments and canal fillings are uniform and insure a knowledge of what has been previously done and that the institution may assume the necessary responsibility. None of these, however, are peculiar to the Forsyth Infirmary. A development of such methods may come in the future if experience shows they are necessary.

The most trying period of organization and training of clerks, assistants and operators has passed and the infirmary is on its second lap with its machinery well oiled and ready for business. It has been a trying period for all concerned, particularly the Director in Chief, but he is still smiling and in appearance unruffled. The results, accomplished cases have been pleasing and it is expected the institution will do all and more than the donors intended.

I wish to acknowledge my indebtedness to the Director and his capable assistants. Part of this article is based on a paper read by Dr. DeW. Cross at a recent dental meeting and kindly furnished me for reference.

A COME-BACK

FRANK W. WEBSTER, D.D.S., Philadelphia, Pa.

The writer does not agree with Mr. Robertson, and presents his reasons in a forceful manner.

IN the June issue of *Oral Hygiene* there appears an essay written by Mr. A. C. Robertson, manager of the E. L. Washburn Company, New Haven, Conn. His subject was "Taking Back of Old Equipment in Part Payment for New."

I find that I must take exception to almost every argument Mr. Robertson expressed. I fear he didn't carefully canvass the situation pro and con before he presented his dissertation for publication. Evidently he looked at the matter solely from the manufacturers' financial point of view, although he drifts over to the other side and tries to argue from the viewpoint of the dentist.

Almost at the very beginning of his article he speaks of various dumb animals for which we are all more or less liable to form an affection. That is quite true, I admit. Then he goes on to say—"Did you ever hear of a dentist who has an engine, chair or cabinet for fifteen or twenty years, that has enabled him to make a satisfactory living and possibly lay by a sufficient amount to make him independent, form a similar attachment?" Now when he compares a dental engine, cabinet or chair to our pet

animals, he fails to differentiate between the animate and the inanimate. It is within the possibility of human nature to form an affection for the animals, but we can only prize and admire that which is inanimate. I can readily understand why he would not want to part with his old horse or his mule, for which he may have formed a genuine attachment, but I cannot understand how he could have so much love and affection for an old chair or an old vulcanizer that has probably more than once almost blown the roof off his house.

As I understand Mr. Robertson, he has adopted the principle that a person should not dispose of any of his property in part payment of a new article of the same kind. The illustrations he gives seem to prove that such is his contention.

Now, if I follow his idea I must not sell my dental outfit, even though it may have outlived its usefulness, but I must either consign it to the tender mercies of the undertaker and ask him to bury it beneath the weeping willows, beside my old horse that has long since passed over, or I must attach a codicil to my will stating that these things must never be sold, but must be handed down to posterity

for at least the next thousand years, and, believe me, my descendants will have some junk pile. They will require a store-house about as big as Philadelphia to hold it all.

I note that his subject is "Exchanging an Old Outfit in Part Payment for a New One," but the arguments he uses to illustrate his principle open up a wider range of discussion. He believes it is wrong to exchange an old outfit in part payment for a new one, and thinks the system should be discouraged and condemned. According to his principle he must also think it wrong to even sell an old outfit, for two reasons: First, because of the sentiment connected with it, and, Second, because it will most likely ultimately fall into the hands of some other dentist. The fact that he objects to its being given as part payment does not alter the point of argument one iota. His underlying principle is the same all the way through, for what difference does it make whether I give my old outfit in part payment, or whether I sell it to the junk dealer? In either case I am getting a certain value for it, and I simply transfer the value received towards the payment of my new outfit. In both cases the old outfit will most likely eventually find its way into the hands of some other practitioner.

Now, I would like to ask Mr. Robertson one or two questions. He has launched out on the narrow principle

that it is wrong to make an exchange in dental outfits. He undoubtedly, judging from his various illustrations and arguments, applies the same principle in everything else. No doubt, he has an automobile, for the sake of argument we will suppose so anyhow. We will also suppose it is an old out-of-date sort of a boat. He wants to buy a new one. The dealer says to him, "I will take your old car in part payment." Will he accept the proposition, or will he refuse to part with the old tub because it has so gently and tenderly bumped him over the country roads for several years and helped him to earn his living. I suppose he would rather put it in its little bed in the garage and hand it down to his great-great-grandchildren.

Again, supposing he has a piano, but he wants a player piano, and the piano man offers to take the old instrument as part pay. What will Mr. Robertson do? What is good for the goose is good for the gander. The principle he has laid down does not only apply to dental outfits, but it applies equally as well to all lines of business. I see no reason whatever why the exchange of dental outfits should be put in a class by itself.

Furthermore, he speaks of one dentist charging lower fees for his work than another, because he has a cheaper outfit, and he even goes further and supplies Dr. Cheap with an argument that

he may use in justification of his low prices. I do not wish to take up too much space, but I would like to quote verbatim Dr. Cheap's argument to his patient as supplied by Mr. Robertson.

It is as follows:

"I graduated from the same college as Dr. Blank and I now have the same equipment as he has been using for twenty or so years. I dress and act just as he did, but I have the advantage of him. Dentistry has made rapid progress in the last twenty years, and while he was a good man in his day, I am more up-to-date than he. My fees are considerably less than his for the reason that when he bought this equipment he had to pay about \$2,000.00 for it, whereas I purchased it for one-tenth of that amount and have spent about \$25.00 on it, and it is now just as good as new."

I must confess that I cannot conceive of any intelligent dentist using such a foolish argument to his patient. It would not be necessary at all for any dentist to explain to his patient why he has lower prices than his competitor. I do not believe any man would justify his low prices by using that kind of an argument. On the contrary, I can see a very good reason why he would avoid such talk, and it is this—he knows that such an argument would only cheapen himself in the estimation of his patient. Of all the arguments in the world, I think

the one supplied by Mr. Robertson is about the last one that Dr. Cheap would think of using unless he was really bughouse, and wanted to lose his patient. Suppose, for the sake of argument, he would talk so foolishly to his patient. What would be the result? In the language of the street and the gossip of the stage, this is about the kind of an effect it would produce:

"Say, I went to Dr. Cheap to see about having some dental work done, and he told me all about how he got his outfit and why his prices are lower than Dr. Blank's, and say, do you know, believe me, his outfit sure does look cheap and he looks cheap, and everything about the place looked cheap. I think I will go to Dr. Blank. He has a swell outfit and beautiful offices. His prices are a little higher, but he can deliver the goods."

I dare say many dentists who have just received their licenses will have lower fees for their work than their neighbor asks for his, but the reason for this is not because the new man has a cheaper outfit and perchance his expenses are less. I think his object is to get established as quickly as possible and he resorts to the lower fees as a means to an end, and having established himself you will, in most cases find his prices gradually working up towards those of his neighbor and competitor.

MALPRACTICE SUITS—THEIR PREVENTION

REPORT, LAW COMMITTEE NATIONAL DENTAL ASSOCIATION

C. B. WARNER, D.D.S., Urbana, Illinois

The author says, "When the National Dental Association undertakes to insure its members and collects the costs through the dues, it can insure them at a cost of twenty-five cents per member for a year."

THE Law Committee of the National Dental Association has been working for the past three years on a plan to protect its members against illegal malpractice suits. The plans are now completed, and we are in a position to protect our members wherever we find ourselves in a position to do so. The National Dental Association has many things to attend to since the reorganization, and we must crawl before we can run. It may be that this matter can be taken care of this year, or it may be a half dozen years before we can get to it. There is a strong demand for legal protection. We are getting letters from various individuals, and committees from state societies asking for it. Dentists realize that none are immune from malpractice suits; even the most skilful are sometimes made the defendant. The tissues upon which we operate are delicate, and the patient often nervous, a slip is made and we then become liable. To the average dentist this comes as a deluge from a clear sky. Not only is the dentist out his time and money, but, what is

far more important, he finds his reputation in the balance; a reputation it has taken him years to acquire. Then it is that he needs the best advice that can be given him, and this can be done only by those who have had years of experience. The local attorney is rarely competent to undertake this work, but he can succeed by working in conjunction with a committee and a firm of expert attorneys.

We have at present insurance companies that successfully undertake this work at a cost of from ten to fifteen dollars a year, for each person. We are informed by men who have had long experience, that when the National Dental Association undertakes to insure its members and collects the costs through the dues, it can insure them at a cost of *twenty-five cents* per member for a year. This seems like so tremendous a reduction it sounds incredible, but it must be remembered that we handle this business in a wholesale way without any expense for advertising rents, agents, profits or printing. The funds

will mainly be used for attorney fees.

This committee is constantly receiving letters from dentists everywhere offering their help and suggestion. We are glad to get these letters. They show that this is a live issue, and one of very practical nature. The labor unions, manufacturer's associations and commercial organizations, have similar protective features; and we will but follow along the line of evolution, and the theory of self-protection and that at a trifling cost.

To those who are anxious to see this work advanced, we suggest that you send us your ideas. We may not be able to answer all letters in detail,

but you may be assured that the letters will be read and appreciated. Letters to the leading dentists of your state, who are attending the meeting at San Francisco, urging them to push along the work of this committee, will also help greatly. It is impossible at this time to go into details, but you may rest assured that as far as possible, everything has been worked out from the auditing of our accounts to the election of the local district representative of this committee. The time is soon to come when we will be in shape to swamp those, who, having no reputation to lose, prey upon the dentist who has worked hard to secure a high professional standing.

PREPARATION OF AMALGAM FILLINGS

DR. A. OSGOOD, Bath, N. Y.

Read before the Seventh District Dental Society of the State of New York

The author is a man with over fifty years in active practice and still is at it every day. He writes from a ripe experience on the subject.

IT would seem quite impossible to present anything new on the amalgam subject, but having invariably pursued a certain method of preparing this material for the restoration of decayed teeth, and doing so for fourteen years, I may interest you in reading my experience.

When amalgam is to be used the first thing required is a small balance for weighing the mercury and alloy. With the alloy I use, the por-

tion is 3 grs. of mercury to $4\frac{1}{2}$ grs. of alloy, or 4 to 6, 6 to 9, 8 to 12, according to the size of cavity you are to fill.

The mixture is always made in a Fletcher glass mortar, and after a few minutes trituration is removed by using a broad rubber scraper into a steel mould, which should rest on a thick, glass slab, when a condenser is applied with all the force which can be exerted by hand pressure.

The cylinder which is obtained by this process, when pressed from the mould, should be a dense mass of metal, in appearance, and be broken into pieces of such size as appear convenient to the operator, and these are at once introduced into the cavity and condensed with flat-faced pluggers, of suitable size, and packed with a large amount of force.

If this method is employed there is never any surplus of mercury at any stage of the operation, no matter what force is exerted in condensing the filling.

The mixture is too dry as made in the mortar, to be used for a filling, but under the influence of the heavy pressure to which it is exposed in the mould, the mercury is so diffused throughout the mass that when the cylinder is broken the surface of the fracture is that of a fine metal, no mercury appearing.

The "spheroid tendency," and the "flow" that we read of, does not appear. I never find a filling endeavoring to climb out of the cavity, a condition which is too common when amalgam is used in the ordinary way. You can pass the fine point of an exploring instrument over the surface of a tooth, and a filling that has been placed at some former period, without finding any unevenness, if the filling has been properly finished when inserted.

The use of the matrix in all proximo-occlusal cavities

should not be neglected. Fillings can be well finished and polished, without the return of the patient for this operation, thus saving much time, as they crystallize rapidly and after being properly shaped, by passing, with pliers, a pledget of cotton a few times over the surface a good and lasting appearance will be obtained. For shaping the proximal surface of fillings, I use narrow strips cut from architect's cloth, the usual length of finishing strips. These can be drawn over the fillings without disturbing the contour, being very thin and are much better than floss silk for this purpose.

The credit for the idea of dry amalgam, converted into the cylinder from a mould and compressor, belongs to the late Thomas Fletcher, F.C.S., of Warrington, England. In his day he was regarded very highly as an authority on dental alloys, and when a supply of his materials reached this country they were extensively used, and left a lasting good impression on the minds of many of the older operators.

Fletcher also introduced a glass mortar and pestle, and a balance, to be used for his alloy. I procured all these things in 1876, and employed them for some time, but I now realize that I didn't appreciate their value. In those days I was always looking for something better, and shifted from one alloy to another until I had tried over forty different makes, always

keeping a careful record of whatever kind I used, so that I could form some judgment as to their relative merits.

At last the time came for selecting some one of the number, believing it was not well to use numerous kinds of alloys in the teeth of the same mouth, and since March, 1901, only one make has been employed. At that time I procured a balance for mercury and alloy, and had a steel mould and compressor made, and decided to resume the Fletcher method of procedure. Since the above date I have not failed to weigh the mercury and alloy, and use the cylinder mould.

It is important in using the Fletcher mortar to keep it free from the amalgamated material that will collect in the bottom and by using alcohol and some gritty substance it is easily accomplished.

I will say that many amalgam fillings, made by other dentists, that come under my observation are a credit to both the operators and the material, but when we think of the manner in which amalgam is almost universally treated, it is strange that such a large number have the appearance of being done with some crude material not intended for such a purpose.

I am not expecting that any large number of dentists will adopt the manner described of working amalgam, but most will go on in the old way, and practice as they

were taught, making little effort to improve the quality of their work. The "short cut" is the thing sought, and they will not discern it in weighing out materials and making cylinders, when really, after some practice, no time is lost.

Amalgam is so universally employed in the saving of teeth, and really deserves the best of treatment, let us adopt some method different from pouring some alloy into the palm of the hand, then dumping in more or less mercury, then with the finger the mixing process is set up. If found too dry, more mercury is added, until a half fluid mass is obtained, then the excess mercury must be disposed of. One tackles it with chamois and pliers. Another gives it a twist through a rag, but a more speedy method is with the thumb and forefinger, when it is regarded fit to stuff into a tooth.

The manufacturers of alloy claim to use great care in their preparation. Very few compounds are more delicately placed together than our modern alloy, but when they are subjected to the mix-up they get, before entering upon their intended usefulness, who can measure the change they undergo?

Hand mixing of amalgam should never be indulged in.

It is unnecessary, unsightly and an unclean practice.

It has had its full day and should be forever abandoned.

EMETINE HYDROCHLORIDE IN PYORRHEA, AND AN EXCEPTION TO THE REMARKS OF DR. GEO. R. LINDSAY

GEO. D. CRAIG, D.D.S., Bisbee, Ariz.

The writer believes emetine to be a great help in his practice and gives numerous cases where it has been used to advantage. He says: "As for carrying fraudulent advertisements, Mr. Oral Hygiene man, just you fuss right along the way you are."

I ADMIRE a conservative man. There is such a thing as being too quick to take up new fads and fancies; and the man deviating from the well trodden path, wherein even partial results may have been obtained, must do so with a certain amount of hesitancy. The constantly changing individual gets nowhere in particular and certainly achieves no permanent results.

However, there is such a thing as being too conservative for one's own good; getting into a rut, as it were, and becoming unable to grasp that which is best for himself and all others concerned. Such might be the condition of the author of the little discourse, published in your issue and under the heading of, "Emetine Not A Cure For Pyorrhea."

It may be true, quoting the author of the above "that numerous members of the profession shouted Eureka! and began using the drug with sadly disappointing effects." Such a condition was to be expected. There are "numerous" members of our

profession who are not capable of many things; inserting a gold inlay, contouring and building up a tooth with amalgam, even placing a well fitting good acccluding crown; and last but not least—there are few of us that really clean a set of teeth when a patient presents himself for that operation. To my mind this is one of the most important things that is met with in an every-day practice.

The fact that he states that he had a patient referred to him "that had been treated with emetine with very unsatisfactory results" and in the next breath gets busy with the hammer on some poor incompetent dentist, stating that the patient's teeth had not even been properly scaled, using this as an illustration and in the face of it claiming that emetine will not do the work, to my mind is indeed a very poor argument and really needs no answering.

All methods and treatments of pyorrhea used in conjunction with emetine rely as much, if not more, on oral prophylaxis than on the beneficial results gained from the

use of the drug. I know of no authority who claims that emetine will cure pyorrhea without being used in conjunction with surgical treatment. Surgical treatment is necessary because it removes the underlying or mechanical cause and the emetine is necessary because it removes the resulting or pathological cause.

As for branding the use of emetine "a delusion and a snare," I think the gentleman should "judge not lest he be judged." He, himself, "with a score of other dentists" are, as he claims successfully treating pyorrhea. I will not question his method or his statement, but I do feel that he is somewhat selfish and might have given it more publicity so that all of us might have been able to say the same thing.

As for carrying fraudulent advertisements, Mr. Oral Hygiene man, just you fuss right along the way you are. There's still a few of us that have hopes those advertisements may help us over one of the biggest "humps" the dental profession was ever up against.

It is my firm belief that a great number of the best men in our profession are meeting with results through the use of emetine hydrochloride that they never dreamed possible. I use the term best men for the reason that indifferent procedure begets indifferent results; and a thorough understanding of the pathological conditions accompanying

pyorrhea are of vital necessity.

Success will crown those only who, possessing the fundamental knowledge and necessary technique, will conscientiously and unremittingly follow the well defined lines of procedure.

I claim that at the present time we would be somewhat premature in stating a cure will result from emetine or any other treatment of pyorrhea. The word "cure" should be used with caution. Sufficient time has not elapsed since the introduction of emetine treatment to give us a chance to judge what the ultimate results will be. However, in my estimation, the signs are pointing very strongly towards lasting results.

I will cite a few cases that I have under treatment and observation at the present time:

About eight months ago Mr. H. ——— presented himself at my office with a most beautiful set of teeth, well arranged and not a cavity. No adverse history. Deep, suppurating pyorrhea pockets around at least half of the teeth, a very little gum recession, with the exception of the upper right second molar — the initial lesion.

Age and general health conducive to good results. Case of about three years standing. Approximately half the process absorbed around the upper and lower bicuspids.

Suffice to say that I worked diligently with the best methods and instruments at my command at that time. I did the patient some good but results were not gratifying. After six or seven weeks of constant treatment, I advised that he try someone else as I could do him no further good. The result from another dentist was practically the same as mine.

Four months ago he again presented himself and examination showed conditions about the same as at his previous visit.

I injected emetine hydrochloride high up in the arm for four consecutive days. The fifth day I began instrumentation. There was not a great amount of this to do, however, as the pockets had been well cleaned with former treatments. After scaling I washed the pockets with a mild solution of iodine, following with a thorough swabbing with a one-half percent solution of emetine hydrochloride by means of a wisp of cotton on the end of a smooth broach. The fifth day showed absolutely no pus. I continued local treatment every day for a period of ten days at which time I prescribed alcrestia ipecac tablets.

The tablets covered a period of six days during which time I instructed the patient as to home treatment, advising him to report at my office after having taken the required number of tablets. The tissues after the third or fourth day, following the hy-

podermic injections, assumed a more healthful appearance and following the use of the tablets they seemed entirely normal in this respect. The pockets however were still there inviting as it were, reinfection. My method, I believe, alleviates this possibility. I have a very stiff paste of bismuth subnitrate prepared, into which I incorporated sufficient emetine hydrochloride to make a one-half of one percent solution. The paste should be stiff enough to hold its form at body temperature. I then slightly warm an abscess syringe and fill the barrel with the paste. The heat softens the paste and by means of a fine, blunt needle it should be forced well down into each pocket. The pocket should be filled to overflowing and the excess paste removed. This paste, of course is left permanently. To date there is no indication of recurrence in this case.

Case of Mrs. B ——— presented on February 10th, 1915. Age 30. Rheumatic history. Case of at least six years' standing. Two anterior bridges, above and below, with a full gold crown anchorages on cuspids. Teeth having been extracted due to pyorrhea. Bridges unsanitary, as well as a number of amalgam fillings in posterior teeth. Process practically absorbed around upper left first molar and second bicuspid, lower left first molar, lower right first molar and upper right second molar. Deep, suppurating pockets around

balance of teeth, I removed the bridges and what filling necessary. Extracted the teeth around which the process was practically gone.

Treatment the same as above and to date no evidence of recurrence.

Case of Mrs. M ———. Tubercular history. Case under my care for past four years. Mild case of pyorrhea with exception of upper right second bicuspid and first

molar. Seemed to improve somewhat under ordinary treatment. Held the disease in check by constant treatment at stipulated intervals. Put patient on emetine treatment February 15th, 1915. Same results as above.

My experience covers a period dating from February, 1915. Out of twenty cases I have treated by the above method, I have yet to see my first case of re-infection.

COLLECTING BY MAIL

I. H. KLINE, Rochester, N. Y.

The writer is "credit man" of the Ritter Dental Manufacturing Co. He presents his views of how the credit end of a dental practice should be conducted. It entails some care and a follow up system that is not in keeping with many practitioners who do not send out bills monthly and pay little attention to the financial part of their practice. I would be glad to print any comments on this article.

EVERY man who has given thought to the subject probably knows that the greater portion of the world's trading is done on a credit basis, and that this is necessary because there is not sufficient money in the world to place business on a cash basis. As the amount of money in circulation is practically fixed, it naturally follows that the more we expand in business, the greater becomes the proportion of credit to cash business.

This is a condition that affects the dentist just as much as it affects the merchant and the manufacturer, and, because of the fact that granting credit necessitates collecting accounts, it is necessary for you to provide some definite and effective method for

getting the money if you do not want your business to fail because of a surplus of worthless accounts. If you do a credit business, you will never attain to such an ideal condition as being able to collect all your accounts, but you can recover many a dollar that otherwise would be lost if you will adopt some definite plan and stick to it.

You have earned the amounts charged in your books, just as much so as you have earned the cash fees, but you have got to solve the problem of how you may best accomplish a transfer of these amounts from your patron's bank account to your own. In considering the best method to apply to this important branch of your business, you

do not want to lose sight of the fact that every patient served is a prospect for future business, and it is necessary to retain the good will of even the slow pays if you can do so and still get your money.

Therefore, I would say that the keynote of the plan I am going to suggest is definiteness and persistence. First, adopt a definite plan of action and then be persistent in its execution. Draft your collection letters so as not to offend debtors, and make the theme of such letters the collection of your account. It matters not so much what you say if you will only say it often enough, and, in the following plan, I have suggested sending these letters at short intervals, for I believe the best results may be obtained by keeping the subject warm.

Now, as to the plan. First, provide a 5 x 3 vertical filing case with chronological guides and a quantity of horizontally ruled cards, these to be used for your follow-up system. Mail statement to each patron on the first of the month following completion of the case. Enter the name and amount on a card, noting the date also, and set this card forward in the chronological file twenty days. By having daily reference to the file, this card will be brought out on the twentieth day. Refer then to ledger account, and, if account has been paid, destroy the card. If the account has not been paid, send letter

number one, noting the fact and date and set card forward twenty days. Repeat this procedure at the expiration of the second period, noting letter number two and set forward ten days. After this follow up every ten days until the amount is paid or until final action is taken.

If your patient should promise payment on a certain date, make note of the fact on the card and set forward to the specified date. If payment is not received promptly, remind your patient of the promise and ascertain the reason for non-payment. Note the facts on the card and follow up every ten days. In such cases it will be found necessary to vary your correspondence from the regular forms.

This vertical file, the commercial name for which is "office tickler," will be found to be of valuable assistance as a daily reminder, but to be of service to you it must be referred to every day, and all matters for the day disposed of promptly. This will not only prevent accumulation, but your promptness in handling such matters will soon impress your debtor with the fact that you will not forget and do not propose to allow him that privilege.

As stated before, the efficiency of a collection system lies not so much in what you say. We all know, however, that diplomacy has won more battles than the mailed fist, although diplomacy sometimes fails and it is necessary

to resort to the mailed fist of the law. Do not consider legal action, however, unless you have exhausted every other means, and not even then unless your debtor can be made to satisfy a judgment.

After you have sent the first statement and begun the system of letters, future statements would be useless and should not be sent. It is advisable, however, to refer to the amount of account in every letter. For the first letter I would suggest something similar to the following:

June 20, 1914.

MR. THOMAS MARTIN, City.

My Dear Mr. Martin: On the first of this month statement was mailed you for an account of \$28. As no response has been received, I am led to believe that you have some specified date for paying personal accounts.

Will you please inform me on this point so I may make proper notation on your account, and thus make future inquiries of this nature unnecessary.

I shall be glad to itemize the account, if you wish.

Sincerely yours,

DR. SMITH.

In the above letter is indicated a desire to accommodate him by considering only his wishes in regard to time of payment.

No response being received to this, the second letter will be a definite request for payment, although you still defer to his plans. This

should be sent twenty days after the first letter.

July 10, 1914.

MR. THOMAS MARTIN, City.

My Dear Mr. Martin: On the first of last month you received a statement of your account of \$28, and several weeks later a letter inquiring as to your convenience regarding time of payment.

Will it be entirely convenient to let me have check at this time? Or, have you some definite arrangement to offer in lieu of present settlement?

Please inform me promptly.

Sincerely yours,

DR. SMITH.

Assuming that no response has been received to any of the previous requests, we send the third letter in ten days.

July 20, 1914.

MR. THOMAS MARTIN, City.

My Dear Mr. Martin: Imagine my surprise that I have had no response to the several letters regarding your account of \$28, for it has been quite two months since your case was finished and statement sent you.

Did you stop to consider that the impression created by your apparent neglect of this matter is very unfavorable?

Frankness in such matters is always the best policy. Therefore, if you cannot conveniently settle at this time, suppose you come in and see me, for I am sure the matter can be arranged satisfactorily.

I shall expect something definite promptly.

Sincerely yours,

DR. SMITH.

Then in ten days follows the fourth letter:

MR. THOMAS MARTIN, City.

August 1, 1914.

My Dear Mr. Martin: Do you believe the services for which I charged you \$28 are worth that amount to you? If you do, are you willing to destroy the confidence I have in you, and cast a reflection upon your integrity and credit reputation by further neglect of this obligation?

I should much prefer to believe that you have some good reason for not giving the account attention; but continued silence will be practically an invitation to go as far as now seems necessary to protect my interests.

Sincerely yours,

DR. SMITH.

The fifth and last letter in the series is a declaration of intention to resort to drastic measures, and, unless the debtor is a professional dead beat, will often bring results where all the other letters would have no effect.

August 10, 1914.

MR. THOMAS MARTIN, City.

My Dear Mr. Martin: Your account of \$28 has been due for more than two months and you have not only not paid it, but have given me no reason for failure to do so.

Surely you are not going to force me to adopt legal means to collect this account. I very much prefer not to cause you this humiliation and additional expense, and hope you may

see how very much better it will be to dispose of this matter agreeably.

But I shall be compelled to hand the account to my attorney unless some satisfactory arrangement is made by August 20.

Sincerely yours,

DR. SMITH.

Do not send this letter unless you have fully determined to resort to legal action, and, in considering the advisability of such action, do not overlook the fact that a judgment will avail you nothing unless the debtor has means whereby it may be satisfied. It would be advisable to rely upon the judgment of your attorney in such cases.

You will doubtless gain the impression that the proper execution of such a plan as I have outlined will require too much time. Of course you will have to be systematic to obtain results, but you will find that a short time each day devoted to this work will bring excellent results. In fact, it were better to reduce your hours for operating, if necessary to do so, in order to give proper attention to collections, for collection of accounts is necessary to a prosperous business.

The plan I suggest for devoting a definite part of your time to collecting may not get as much on your books, but it is certain to get you more in your bank account, and it is also certain that is where it will do you the most good. Furthermore, you will find it very interesting work, as well as profitable.

EMETINE AND PYORRHEA ALVEOLARIS

M. HILLEL FELDMAN, D.D.S., New York City

"The writer sees one favorable feature in this emetine affair, and that is, that many men in the profession have begun to clean teeth and teach oral prophylaxis."

DR. PAUL R. STILLMAN, a recognized authority in dental prophylaxis, writing in the *Items of Interest* for June, 1915, says: "There has been so much laudatory talk in the past few months concerning emetine and its use in the treatment of pyorrhea that an opinion from one who is giving his professional time to this and allied conditions may be interesting. One fact seems to be entirely overlooked by those who have identified themselves with this new treatment, and it is that a cure for pyorrhea is no new thing in dentistry."

The writer concurs fully in the above conviction of Dr. Stillman, and takes this means of bringing his views before readers of *Oral Hygiene*.

When we take cognizance of the tests made by such men as Jules Lorrain, D.D.S., of New Orleans, and the puerile arguments of your correspondent, R. H. Buttner, D.D.S., in July *Oral Hygiene*, it is possible to choose with much indecision as to whose opinion regarding emetine as a pyorrhea cure we ought to follow.

Listen to this, please, from the pen of Dr. Buttner: ". . . His (Dr. Lindsay's),

assertion that the amoeba are harmless parasites abounding in the mouth, is too ludicrous to bring forth any comment."

Is it, though? How about the researches of bacteriologists who have found that amoeba buccalis has no pathological significance, and feeds of the protein molecule broken up by the pathogenic bacteria of the mouth. Of course we find plenty of amoebae buccalis in pyorrheal pockets, but why blame them for the diseased conditions? They know what is food for themselves and hence settle down to enjoy life in the protected area in the mucous beds below the free margin of the gum. Dr. Buttner is too sweeping entirely in his characterization of those who feel that the amoeba buccalis is a harmless resident of the mouth. There is scientific basis for this belief, Dr. Buttner and others, and there is more known about this bacterium than the emetine cranks care to acknowledge.

Anna Williams, relating her investigations and series of tests of amoeba buccalis in the report of the Park laboratory of the Board of Health of New York City, find amoeba in normal children's

mouths, 50%; slightly diseased adults mouths, 80%; mouths with pus pockets, 90%. A large proportion of children examined were infants, since it is commonly known that amoeboid life exists everywhere in nature it is not surprising that they were found in children's mouths, and yet no one would suggest the existence of pyorrhea in children's mouths. Dr. Buttner argues that since emetine destroys the amoeba of the mouth, it is a cure for pyorrhea. The intelligence of the profession is too belittled by such statements and writings and will resent it as the writer now does.

The investigations just referred to point to the presence of amoeba in fertile fields of pasture, in the adult mouths, as a result of favored surroundings, not as causative factors of the disease.

As Dr. Lorrain truly states in the *Items of Interest* for June, 1915: "Fluid extract of ipecac, or even plain water, would benefit tissues habitually infected by filth, the patient's attention having been drawn to mouth cleansing, it being done a little more and better than usual."

To effectively remove all trace of pyorrhea alveolaris from the mouth—in cases which are really curable (for a good many cases are really subjects for the extracting forceps), the following features must be met squarely.

1. Trauma. Loose teeth

in occlusion with the opposing denture show unmistakable signs of this symptom. The teeth must be relieved of undue occlusive force by grinding and ligation with the "Figure of Eight" ligature or other appropriate method of splinting. Proper healing of the joint of tooth to socket cannot take place without this process of stable fixation of the affected teeth.

2. Cleanliness of the mouth must be pre-eminently before the patient and become an orthodox procedure, autocratic in its reign, unswerving in its execution.

3. *Proper instrumentation* to remove all concretions and necrotic root surfaces. The consensus of opinion of specialists trained in oral prophylaxis tends to the conviction that when the steps here outlined have been taken, no thought of using emetine would enter the operator's head.

The writer sees one favorable feature in this emetine affair, and that is, that many men in the profession have begun to clean teeth and teach oral prophylaxis as never before, and have awakened in their patients the inspiration to clean their mouths with renewed vigor. So, too, emetine will do its good turn. But, please, for heaven's sake, men, don't neglect local instrumentation and local cleanliness to wait for hypodermic injections of emetine to turn wonders.

EXPERIENCE WITH NITROUS OXIDE AND OXYGEN

JOHN T. McINTEE, D.D.S., Rochester, N. Y.

Read before the Seventh District Dental Society of the State of New York, April 10th, 1915

This article is short, practical and to the point. To the man who has a lot of experience in this subject, it may not be of interest, but there are many valuable suggestions to the beginner.

I COMMENCED the use of N_2O . and Oxygen some two years ago. I took a special course on this subject which consisted of lectures, instructions in giving the anaesthetic and, most important of all, practical experience in taking of the anaesthetic. I contend that every man who expects to administer it ought to take it himself, so as to realize the feelings of the patient and learn how distorted little things may seem to a person partially under its influence.

Whenever I intend to give N_2O and Oxygen to a lady patient, my assistant proceeds to instruct her about loosening the clothing, visiting the toilet room, and, in fact, talks to her all the time until I am ready to proceed, taking special care to remark about how easy, how nice and safe the anaesthetic is to take. While she is doing this I get the machine ready and lay out what excavating instruments I am likely to use, together with the hand cuspidor, and place within easy access emergency aids; viz.: mouth prop, tongue forceps, brandy, sealed hypodermics of 1 gr. of strychnine and nitrate of amyl pearls.

I use one of the new model machines. No warmer, no regulators on bags. I have the duplex regulators on large cylinders.

I seat the patient in the chair but do not try to incline the head forward as some operators, as I have found it more difficult to work this way. I try to give the patient a comfortable, upright position. I now take the nasal inhaler, detached from machine, with air and exhaling valve wide open, and strap to position on the patient's head, telling her to just breath naturally. This gives the patient perfect freedom in breathing and removes the first feeling of anxiety. Right here I begin my first positive suggestion. Standing at the side of the patient and talking low, I call her attention to the ease with which she breathes. At the same time I connect tubing to slip joint on inhaler. Leaving the exhaling valve wide open, air valve about half open. I nod my head. Assistant turns on machine to N_2O . full. I now tell patient—"You take it dandy, that is fine, that is the way I like to have it." Then I ask her to strike her teeth together. "Do they feel like

wooden pegs?" I ask. The patient's voice will have a peculiar, characteristic nasal tone after 10 to 15 inhalations. If the reply is favorable you can usually notice a slight perspiration on the forehead, and upper lip, or they will start drying their hands. I now say "Well, I think you are just about right, we'll try this tooth carefully and see." This is the signal for my assistant to turn the pointer to the third mark on the dial in mixing area, where we are giving about 80% N_2O . and 20% Oxygen. I now close the exhaling valve to middle notch. I have the valves leading to bags opened just enough to allow gas to escape into them. Some patients will take more than others, so your assistant will have to regulate flow, but at no time do we distend bags.

If on trying with bur, pain is felt, I close air valve and tell the patient to breathe through the nose. If this doesn't suffice, I say "breathe deeply" and my assistant increases pressure on N_2O . bag.

I insert metal saliva ejector and always tell patients why, because I don't want their minds trying to decide things for themselves.

I wash out a cavity every time it is necessary, but always have patients use hand cuspidor, and I incline their head to meet it. This, coupled with the fact that I arrange my appointments for this work at a time when I think the stomach is about

empty, has enabled me to avoid even one case of nausea.

I find that the lady patients are more anxious to take the anaesthetic than the men. This I attribute to two reasons:

1st. They are not so afraid as the men.

2nd. The men a great many times would like to take it but feel that to do so would be an admission that they have not the usual amount of masculine stamina.

I have administered it to some patients, since I started, a dozen times and at no time have I had anyone say they were unwilling to take it again. Usually they say "No more suffering for me."

I have had one patient I could not operate on successfully. He was an engineer by trade and had neglected his teeth until they were in frightful shape all on account of his fears. I found it impossible to render him insensible to pain without tipping over the border line of the excitement stage, when, of course, I couldn't do anything. I have always felt that he would not relax enough to see whether he was being hurt or not.

Another case, a lady patient, who insisted on taking all she could get; in fact would go to sleep at about the same time she said she did not feel any pain. I would keep right on, cut down the anaesthetic and she would return to consciousness. In this way I

succeeded in drilling all her cavities.

I never attempt to remove a live pulp under analgesia, lance an abscess, nor extract a tooth; always putting the patient into an anaesthesia state for this work.

Until a man acquires the knowledge and ability to control the conditions likely to be encountered, he will find himself working under

considerable nervous strain. He will rush to completion the excavation of his cavities and, then find that he has to touch up numerous places before he can properly insert his fillings.

But after he has acquired the necessary experience he will be just as glad to administer it as the patients are to have him.

ORAL HYGIENE MOVEMENT IN AUSTRALIA

The dentists of the world are much interested in mouth hygiene and many of them are working under discouraging conditions with a lack of appreciation or help from any source. Yet they keep at it, and in the end their efforts will be crowned with success.

IN the State of Victoria, Australia, an energetic campaign for oral hygiene is being carried on according to most approved methods. George E. Payne Philpots, D.D.S., Melbourne, Australia, a graduate of the University of Pennsylvania, is devoting himself to the work with an energy to be commended. Through the press and by lectures he is trying to bring to the attention of the public the importance of mouth hygiene, arguing wisely that "nothing will be done until the people are educated up to a point where they will, themselves, make a public demand for school inspection and an army dental corps."

Dr. Philpots uses the film, "toothache," in connection with his lectures, and it is well received according to

newspaper accounts. The point which seemed to especially impress his audience was the work of the visiting dentist to one of the public schools in America, which demonstrated the practical manner in which the children's health is supervised in those cities enjoying school inspection. A recent official report declares that 80 to 90 per cent. of the pupils in the state schools of Victoria have bad mouths. The government, however, seems loath to spend money for their improvement. The report of the Department of Education sets forth that it is impossible for working men with large families to pay dental fees. Teeth are extracted by unskilled persons, when a more expensive operation would save a tooth, invaluable to the patient's health.

And what of the army? In a recent letter Dr. Philpots states, "The medical officers have no time for dentists; say they are not needed, etc." But if the teeth of the growing child are neglected what will their condition be in later years? The result of the medical examination of recruits shows 30 to 50 per cent. of Victoria's men, in the prime of life, to be physically unfit to serve their country and the majority of rejections are condemned on account of bad teeth.

Again, to quote Dr. Philpots, "For years the dental profession have asked the defense department to form an army dental corps. The proposals have always been rejected. The reply made was that there was no money available. When war broke out one society offered to form a dental corps. This offer was also rejected. Yet everyone admits that dentists are necessary at the front, and at base hospitals. Canada has sent a fully qualified dental corps, also New Zealand. Germany has no fewer than 810 dentists at work for her soldiers. At the camp at Broadmeadows what do we find? The camp authorities gave the dental board of Victoria permission to allow a certain number of dentists to practice at the camp and work to a *set scale of fees*."

Why should the soldiers of the State of Victoria be compelled to pay for dental treat-

ment while other soldiers receive their treatment free?

Reports from the Melbourne hospitals show that the services of a number of qualified dentists working under service conditions are urgently needed. A large number of injuries sustained by the Australian soldiers have been to the jaw, and in the treatment of these wounds the services of dentists are necessary. It is believed that if the minister of defense should inaugurate a complete dental corps, results would immediately be shown in an increase in the number of recruits.

Dr. Philpots writes, "Have offered my services, but have been making too much noise, so my chance is not much. I would go into the trenches as a private, if necessary, but believe I can do more for my country as a dentist.

"It is my opinion that before long they will have to send men without the present high standard, and there will have to be a dentist to each company to keep their teeth in order."

Under present conditions, as Dr. Philpots points out, much injustice is done. A soldier gives up his position, goes into camp and in about six weeks he is thrown out because he has bad teeth.

We hope Dr. Philpots will keep up the good work and not become discouraged. His place is not in the trenches, but just where he is as a human interrogation point.

-◊- EDITORIAL -◊-

WM. W. BELCHER, D.D.S., EDITOR
186 Alexander Street, Rochester, N.Y.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine. -:- -:-

A FEW LOVE LETTERS

YES, that is just what they are; love letters, and from members of the dental profession, too. The editor received a great many letters approving the plan to present a loving cup to the donors of the Forsyth Infirmary. Wish I might let you read them all, but the best I can do is to give you short extracts from a few. You will note the universal approval and that action should be taken at the meeting of the Panama-Pacific and the National Dental Association. The first letter is from the President of the National and the second from one of the best-known and beloved men in the profession.

* * * "Sometime ago Dr. Cross, of the Forsyth Infirmary, wrote to me that you had suggested the presentation of some testimonial from the dental profession to Mr. Forsyth and he further suggested that it should come through the National Dental Association and its component bodies. I immediately wrote the officers and members of the Board of Trustees of the National Dental Association and they practically all agreed that the idea was an excellent one. * * * I do not believe we can take any definite action until the meeting in San Francisco when the subject will be presented to the House of Delegates of the National Dental Association and also the Panama-Pacific Congress.

"D. M. GALLIE,
"Chicago, Ill."

"I am glad, very glad, that you have started a movement to give evidence to the public how interested the dentists of the country are, and how much they appreciate and honor the name of Forsyth.

"I most gladly approve, and will do all I can to assist you and others in securing a fitting, artistic and rare testimonial to the last of the brothers Forsyth to be placed in the memorial building, where it can be seen and cared for in the years to come.

"With the many dentists, a small contribution from each will pay for a beautiful gift.

"I feel that you will find a general expression of thankfulness that you have started the movement, with best wishes always.

"JAMES McMANUS,
Hartford, Conn."

"I am in receipt of your note and approve heartily of your suggestion, and will do anything I can to further same.

"M. L. RHEIU,
"New York, N. Y."

* * * "I heartily approve of the suggestion and promise a contribution from the state of Tennessee.

"HENRY W. MORGAN,
"Nashville, Tenn."

* * * "This movement should result in a splendid tribute to Mr. Forsyth, and I will do all in my power to push it along.

"C. N. JOHNSON,
"Chicago, Ill."

* * * * "I use this earliest opportunity to assure you that your plan for securing a loving cup has my most hearty approval and co-operation and assure you I shall do anything within my power to help its consummation.

"Thanking you for your kind thoughtfulness in suggesting it, I am

"WESTON A. PRICE,
"Cleveland, O."

"I am heartily in accord with your suggestion that the dental profession should present Mr. Forsyth with a mark of their appreciation. * * *

"R. OTTOLENGUI,
"New York, N. Y."

* * * "I would gladly give my hearty support in any way possible, to an act which would show Mr. Forsyth our appreciation of his kindness. * * *

"STEPHEN PALMER,
"Poughkeepsie, N. Y."

* * * "It seems to me that some plan should be announced by which individual members can subscribe. I shall cheerfully contribute. It is a happy thought on your part, and I trust the profession will be prompt in providing the loving cup.

"RICHARD GRADY,
"Annapolis, Md."

"I think this is a very fine idea, and I shall be glad to promote it so far as I can in the Dental Register." * * *

"N. S. HOFF,
"Ann Arbor, Mich."

* * * "It is a very worthy project, and I hope it will be a great success.

"If I can do anything to help it along, please let me know.

"H. J. BURKHART,
"Batavia, N. Y."

* * * "I am in accord with your views in regard to the silver loving cup and shall be glad to add my mite.

"W. G. EBERSOLE,
"Cleveland, O."

* * * "I am heartily in sympathy with the dental profession making some proper expression of appreciation to Mr. Forsyth in behalf of what he and his brothers have done, and as I can't suggest anything better than the loving cup, I guess it's up to me to say 'Amen' to your plans. * * *

"GEORGE WOOD CLAPP,
"New York, N. Y."

"Not alone do I approve of your plan, but I heartily sanction it and assure you of my earnest co-operation. The Forsyth brothers stand out today as among the country's greatest benefactors and no distinction, honor or gift that is within the power of the dental profession to bestow upon them, can at best be but a drop in the ocean of thanksgiving to which they are signally entitled. Their benefaction must form an endless chain that will exist as long as civilization survives and every day will compound the interest in added health, wealth and happiness to unfortunate humanity. Every dentist should deem it a great privilege to make a personal contribution to this fund and thereby express to the Forsyth brothers his deep sense of gratitude and appreciation.

"J. WRIGHT BEACH,
"Buffalo, N. Y."

"Your recommendation relative to the dental profession, showing its appreciation of the magnanimous donation to humanity and to the dental profession by Forsyth, is a project that is really worth while, and I am heartily in sympathy and perfectly willing to co-operate to my utmost in helping to make this a financial success. * * *

"If I can be of any assistance to you in any way, do not hesitate to command me.

"OTTO U. KING,
"Huntington, Ind."

"The matter of a loving cup for the donors of the Forsyth Infirmary has already been brought to the attention of the trustees of the National; and I have no doubt but that it will be pushed to a fruitful end. It is highly deserving and I am sure that all that is necessary will be to have the matter brought to the attention of the various state proper thing if every state in the societies. I think it would be the Union could have a hand, however small, in the contribution.

"As president of the Illinois State Dental Society, I shall endeavor to see that Illinois stands with the other states in this matter. You may know that I am personally interested in it.

"J. P. BUCKLEY,
"Chicago, Ill."

"I shall certainly be very glad to assist in any way that may present to honor Mr. Forsyth.

"ARTHUR D. BLACK,
"Chicago, Ill."

THE ROCHESTER DENTAL DISPENSARY

TENTATIVE plans, of the interior, have been prepared and a hunt is out for the best man for the office of director of the new Rochester Dental Dispensary. Mr. George Eastman, who gives this splendid institution to the children of Rochester with its endowment of \$750,000, has made many splendid gifts to the city. All of them have been thoughtfully designed to promote the permanent well-being, comfort, health and usefulness of its people. The total of these is now between three and four million dollars; with the amount paid for the building, real estate and endowment, this one gift alone will be a million and a quarter dollars.

It is the donor's sincere desire that this institution be preventive rather than reparative, so far as possible. To this end the prophylactic work in the public schools will be made

much of and it is for this the city is asked to pay its annual quota of \$20,000 for five years. It is assumed that early legislative measures will permit the employment of suitably trained lady hygienists with traveling outfits, giving prophylactic treatments, toothbrush drills and instructions on the care of the teeth in all the schools. This will care for the child during his first years in school life and as further attention is needed he will be sent to the dental dispensary. The preliminary service will do much to allay the fears of the child, and he will step from the prophylactic work in the schools to the dental dispensary in very much the same spirit as he now leaves the kindergarten for the first grade. The building on Main street, East, when completed, will be the last word in sanitary science and all that should go to make up such a structure. In planning the details every courtesy has been shown the Rochester institution by the Forsyth Infirmary. Dr. DeW. Cross, the director was on his vacation and returned especially to meet the architect and help suggest improvements and ideas as the result of their experience. If the present plans are carried out, the approach to the building will be through a flower garden as only Rochester can produce, for be it known, this is the "Flower City," and rightly named.

It is the desire of those in touch with the work to secure a competent director, and it is hoped to speedily secure the right man that he may assist in the planning as well as to visit every known institution or place that can offer suggestions for betterments. Mr. Eastman has done his part and the dental profession of the city is alert and realizes fully the responsibility that has been thrust upon them. If this dispensary is wisely and faithfully managed in the interests of the people it is designed to benefit, if wisdom equal to the munificence of the donor is shown, it will serve as a model for similar foundations in other cities.

The Forsyth Infirmary was dedicated November 24, 1914, less than eight months have passed and the dental profession is given this new uplift which will undoubtedly be followed by others. Detroit, Chicago, Pittsburgh, Philadelphia, New York and San Francisco will undoubtedly be heard from later. The establishment of these institutions means that we must have in training men fitted to occupy the position of director. A man called to such a labor will have many offers for his services and be well recompensed. Certainly no more honorable or useful position could be desired..

The next twenty-five years in dentistry are to be memorable ones and with greater advances than in all its previous history. The historian will record the princely gifts of the Forsyth brothers and Mr. George Eastman as materially contributing to this uplift, and future generations of children will rise up and call them blessed.

NOTE AND COMMENT

We are in receipt of a communication from Dr. Bremner reporting progress in the defense of members of the Mutual Protective Alliance in the Taggart patent suit at Chicago. The first day the case was called, the time was spent in argument as to whether or not Dr. Taggart could file a collective suit against all the members; the same as a partnership or corporation. Most of the members had found it necessary to file a bond for five hundred dollars or stand a preliminary injunction, preventing them from making inlays until the case was disposed of.

The Protective Alliance contended that it was impossible for Dr. Taggart to prove infringement and even if this could be accomplished, suit must be brought against individual members. That all had a different defense and therefore each and every one was entitled to his day in court. The judge so decided.

Naturally after so much time and effort had been devoted to the preparation of the trial, both parties desired to go on to a finish. The attorneys agreed to the selection of a dozen men to stand individual suit, who would be willing to forfeit their personal rights and accept a collective defense, the bond of only these men remained in force.

The basis of selection was the manner of defense. For example, one used a matrix before placing the wax in the tooth, one the indirect method and the same for obtaining the cavity preparation. One used all of Dr. Taggart's materials, viz., rings, sprue forms, wax investment, etc., everything but the machine and therefore claimed the right to use the process; collectively they represented all possible angles and contentions in the case.

After listening to the testimony of numerous witnesses, representing both sides, the court adjourned until September 2d, 1915.

The dentists of Canada mourn the loss of Dr. J. B. Willmott, Toronto. He was a man of sterling character and dearly beloved not only by the dentists of Canada, but of the United States.

The man who discovered that Lord Bacon killed William Shakespeare by cutting off his head and searched the river Wye for the proofs, has got 'em again. He announced that he has overcome all the laws of gravitation and Newton, with his laws is a piker. Just how long Dr. Owen will succeed in keeping himself before the public remains to be seen, but Dr. Cook, of North Pole fame, is still at it.

Dr. Erneste A. Dam, of Lima, Peru, South America, has been running a series of articles on mouth hygiene and kindred subjects in *El Comercio*, a daily paper of Lima.

The dentists of Poughkeepsie, N. Y., have at last succeeded in interesting the school authorities in the establishment of a free dental dispensary and it is expected the formal opening will occur in September. The dentists of the city will furnish their services for the first year and the dispensary will be open each day from 8.30 to 12.30. Dr. Stephen Palmer, with the other dentists of Poughkeepsie, is entitled to much credit for persistently presenting the subject in the daily press. It is expected the board of education will employ a paid operator at the expiration of the first year.

Every once in a while a Boston paper scores a joke, the latest is by the *Daily Transcript*. "Here's to the mouth. It is the grocer's friend, the orator's pride and the dentist's hope."

The 1915 report of the Newark, N. J., Free Dental Clinic Association shows three dispensaries in operation daily from 9 to 5. During the past year operations were performed on 9,263 individuals of which 7,986 were for the public schools; 710 parochial schools and the balance for institutions. Total operations for the year numbered

The first annual report of the Dental Committee of the Bridgeport, Conn., Board of Health, just issued, shows a total number of individual children given prophylactic treatments, 6,768. Of these 1,872 received one treatment; two treatments, 2,116; three were given to 2,780. Total of prophylactic treatments given to 14,340. Toothbrush drills were given to 12,546. Stereopticon lectures given to 7,447 children.

Ninety-seven individual children too poor to pay for dental services were relieved from toothache. The operations performed were as follows:

Extractions	142 teeth
Treatments	11 "
Root fillings	9 "
Cement fillings	21 "
Amalgam fillings	1 "

The total cost of this service amounted to \$100.50.

The following table shows a comparison of the mouths of the 2,780 children who have had three or more prophylactic treatments during the year:

FIRST EXAMINATION				LAST EXAMINATION			
Clean	Fair	Dirty	Fistula	Clean	Fair	Dirty	Fistula
186	1067	1527	317	873	1769	143	336

USE OF TOOTHBRUSH.

FIRST EXAMINATION			LAST EXAMINATION		
Daily	Occasionally	Not Used	Daily	Occasionally	Not Used
252	696	1832	783	1831	186

CAVITIES				INCREASED NO. OF CAVITIES	
First Examination		Last Examination		Temporary Teeth	Permanent Teeth
Temporary Teeth	Permanent Teeth	Temporary Teeth	Permanent Teeth	1623	489
15547	1027	17170	1526		

The increase of cavities in the teeth during the year has been considerably less than one cavity per child.



HERE'S A NEW ONE



We want good clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny" and if I can use it, you will receive a check on publication—Address EDITOR, 186 Alexander St., Rochester, N. Y.

Teacher in physiology class: "Children, what can you tell me about the spinal column?"

Bright pupil: "The spinal column runs down the back; the head sits on one end of it and I sit on the other."—M. A. G., New York City.

Reporter: "Sol Jinricky is outside with a six shooter."

Editor: "What's the trouble?"

Reporter: "In the story of his life we printed it says, 'His life has been just one bottle after another.' It should have been 'battle.'"—N. H. K., Grove City, Pa.

Two men met at the breakfast table of a country hotel. After studying the face of his vis-a-vis for a moment one asked the other, "I beg your pardon, but haven't I met you before? I seem to remember your face, but can't recall your name." "I don't know your name, either," replied the man addressed, "but we met quite recently. You came into my room at 2 o'clock this morning with a shoe under each arm, to inquire if I had put the cat out."—F. P. D., Enid, Okla.

The owner of a choice gold locket, ornamented with the head of a lady, the eyes of which were set with diamonds, pawned the trinket. On redeeming the pledge, it was discovered the jewels had been removed. The pawn broker claimed ignorance and said, "My friend, I did not take the eyes out; the lady waked up and felt so bad to find herself in a pawn shop, she cried her eyes out."—R. L., Gainesville, Ga.

A New York man invited his friend from Chicago to make his home his headquarters when next in the city; under no circumstances should he go to a hotel. Arriving at a late hour, he asked the sleepy maid who came to the door, "Does Mr. Brown live here?" "Yes, she replied; 'carry him in.'"—R. E. McA., Winfield, Kans.

"Hay, Moike, and phwat do ye t'ink of these new, sanitary drinkin' cups?"

"Sure, Pat, and soon we'll have to spit on our hands with an eye dropper!"—W. L. S., Pittsburgh, Pa.

A drummer left his toothbrush in the lavatory of a railroad train and upon returning for same found an old farmer vigorously cleaning his-teeth with it. He immediately put in a claim for the brush. "You'll have to scuse me," said the farmer, "I thought it belonged to the company."—F. A. L., Plaquemine, Pa.

A lawyer whose name was Strange, left instructions at his death to place the following inscription on his tomb-stone: "Here lies an honest lawyer and that is Strange." An Englishman heard the joke and tried to tell it on his return home. "Once on a time there lived an American barrister, I don't recall his name; however that is not material to the story. This gentleman died and left instructions with his widow, that the inscription on his monument should read, 'Here lies an honest American barrister and that is extraordinary.'"